PHA 5-Year and **Annual Plan** TN040v01 - Final

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 **Expires 4/30/2011**

1.0	PHA Information					
	PHA Name: Lexington Housing Authority			PHA Code: TN0	<u>40</u>	_
		h Performing		☐ HCV (Section 8)		
	PHA Fiscal Year Beginning: (MM/YYYY)	. <u>01/2010_</u>				
2.0	Inventory (based on ACC units at time of I	FY beginning	in 1.0 above)			
	Number of PH units:120	0 0		HCV units: <u>0_</u> _		
3.0	Submission Type		T	7		
		Annual	Plan Only L	5-Year Plan Only		
4.0	PHA Consortia	PHA Consorti	a: (Check box if submitting a j	oint Plan and complete table be	elow.)	
4.0				_		
	Not Applicable	T				
	5	PHA	Program(s) Included in the	Programs Not in the		its in Each
	Participating PHAs	Code	Consortia	Consortia	Program	HOV
	DIIA 1.				PH	HCV
	PHA 1: PHA 2:		Not Applicable			
	PHA 3:		Not Applicable			
	5-Year Plan. Complete items 5.1 and 5.2 o	nlv at 5-Year	Plan update.	I .		ı
5.0	r	,	r			
	See Attached					
5.1	Mission. State the PHA's Mission for serving	ing the needs	of low-income, very low-incor	ne, and extremely low income	families in the	PHA's
	jurisdiction for the next five years:					
	See Attachment No. 1					
	See retailment 140. 1					
5.2	Goals and Objectives. Identify the PHA's	quantifiable g	goals and objectives that will e	nable the PHA to serve the nee	ds of low-incor	ne and very
	low-income, and extremely low-income fan	nilies for the r				
	and objectives described in the previous 5-3	Year Plan.				
	Coo Attachment No. 2					
	See Attachment No. 2 PHA Plan Update					
	11111 min opuate					
6.0	(a) Identify all PHA Plan elements that har	ve been revise	ed by the PHA since its last An	nual Plan submission:		
	Not required to be submitted for Qualific	ed Public Hou	using Agencies, per PIH Noti	ce 2008-41.		
	(b) Identify the specific location(s) where t	he public max	wohtain conies of the 5-Vear at	nd Annual PHA Plan For a co	mplete list of P	HA Plan
	elements, see Section 6.0 of the instruct		y obtain copies of the 5 Tear th	ia / imaai / ii/ i iaii. Toi a co	implete list of I	117 1 1 1011
	Not required to be submitted for Qualific		using Agencies, per PIH Notic	ce 2008-41.		
7.0	Hope VI, Mixed Finance Modernization				Housing, Home	eownership
	Programs, and Project-based Vouchers.	Include statei	ments related to these program	s as applicable.		
	Not Applicable					
8.0	Capital Improvements. Please complete I	Parts 8.1 throu	igh 8.3. as applicable.			
	See Attached		-8			
	Capital Fund Program Annual Statemen					
8.1	complete and submit the Capital Fund Prog	gram Annual I	Statement/Performance and Ev	valuation Report, form HUD-50	0075.1, for each	current and
	open CFP grant and CFFP financing.	1 D 1 P 1 T	The American DITT STATE	2009 41		
	Not required to be submitted for Qualifie	ea Public Hot	using Agencies, per PIH Noti	ce 2008-41.		
—	Capital Fund Program Five-Year Action	Plan. As par	rt of the submission of the Ann	ual Plan, PHAs must complete	and submit the	Capital Fund
8.2	Program Five-Year Action Plan, form HUL					
	for a five year period). Large capital items		1 1		• • • • • • • • • • • • • • • • • • • •	•
	Not required to be submitted for Qualifie	ed Public Ho	using Agencies, per PIH Notic	ce 2008-41. See No. 5 above.		
	G WIE IE					
8.3	Capital Fund Financing Program (CFFP	'). ortion of its C	Conital Fund Drawers (CED)/D	mlagament Housing Foots - (DI	JE) to remove 4-1	ht in answard t-
	☐ Check if the PHA proposes to use any p finance capital improvements. Not Applica		apnai runu riogram (CFP)/Re	pracement nousing ractor (RI	11) to repay de	ot incurred to
	The replication of the replicati	.~-~				

9.0 Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.

9.1 Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.

Additional Information. Describe the following, as well as any additional information HUD has requested.

10.0

- (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. See Section 5.2
- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

 ATTACHMENT 3
 - (g) Challenged Elements ATTACHMENT 4
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

ATTACHMENT No. 1: MISSION STATEMENT

e mission of the PHA is the same as that of the Department of Housing and Urban Development. To mote adequate and affordable housing, economic opportunity and a suitable living environment free m discrimination.	

ATTACHMENT No. 2:

Section 5.2 Goals and Objectives

A. GOALS AND OBJECTIVES – PROGRESS

1. Goal No. 1: Improve the quality of assisted housing by renovating or modernization public housing units.

<u>Progress:</u> The LHA continues to use its capital fund monies and some operating reserves to modernize its public housing units.

2. <u>Goal No. 2</u>: Promote self-sufficiency and asset development of assisted households by increasing the number of percentage of employed persons in assisted living.

Progress: Melba will send info.

GOALS AND OBJECTIVES FOR 2010 THROUGH 2014 AGENCY PLAN PERIOD.

1. <u>Goal No. 1</u>: Improve the quality of assisted housing by renovating or modernization public housing units.

<u>Progress:</u> The LHA continues to use its capital fund monies and some operating reserves to modernize its public housing units.

ATTACHMENT No. 3: RESIDENT ADVISORY BOARD COMMENTS

The Lexington Housing Authority staff discussed the FY 2010 Agency Plan/5-Year Plan and the detailed list of proposed FY 2010 and 5-Year capital fund improvements with the LHA Resident Advisory Board (RAB) members and other tenants present at the August 18, 2009 RAB Meeting and the October 2, 2009 formal Public Hearing. The RAB and all participants supported the proposed CFP work items.

ATTACHMENT No. 4: CHALLENGED ELEMENTS

No challenged elements.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Annua	l Statement/Performance and Evaluation	n Report			
Capita	l Fund Program and Capital Fund Prog	ram Replacement H	ousing Facto	r (CFP/CFPRH	(F)
Part I:	Summary	_			
	e: Lexington Housing Authority	Grant Type and Number Capital Fund Program Gran Replacement Housing Factor		110	Federal FY of Grant: 2010
		or Disasters/ Emergencies		vised Annual Stateme	
Perfor	mance and Evaluation Report for Period Ending:		Fir	nal Performance and	Evaluation Report
Line No.	Summary by Development Account	Total Estima	ated Cost	Total Ac	tual Cost
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00			
2	1406 Operations	\$30,000.00			
3	1408 Management Improvements	\$0.00			
4	1410 Administration	\$0.00			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$27,000.00			
8	1440 Site Acquisition	\$10,000.00			
9	1450 Site Improvement	\$10,000.00			
10	1460 Dwelling Structures	\$108,000.00			
11	1465 Dwelling Equipment—Nonexpendable	\$0.00			
12	1470 Nondwelling Structures	\$5,000.00			
13	1475 Nondwelling Equipment	\$10,000.00			
14	1485 Demolition	\$0.00			
15	1492 Moving to Work Demonstration	\$0.00			
16	1495.1 Relocation Costs	\$0.00			
17	1499 Development Activities	\$0.00			

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annua	Annual Statement/Performance and Evaluation Report								
Capital	l Fund Program and Capital Fund Progra	m Replacement H	ousing Factor	(CFP/CFPRH	(\mathbf{F})				
Part I: Summary									
PHA Name	e: Lexington Housing Authority	Grant Type and Number Capital Fund Program Gran Replacement Housing Factor		10	Federal FY of Grant: 2010				
		e for Disasters/ Emergencie		Annual Statement (re	·				
□ Perform	nance and Evaluation Report for Period Ending:	-	Final P	erformance and Evalua	ation Report				
Line No.	Summary by Development Account	Total Estima	ated Cost	Total Actual Cost					
		Original	Revised	Obligated	Expended				
18a	1501 Collaterization or Debt Service	\$0.00							
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	\$0.00							
19	1502 Contingency	\$0.00							
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$200,000.00							
21	Amount of line 20 Related to LBP Activities	\$0.00							
22	Amount of line 20 Related to Section 504 compliance	\$0.00							
23	Amount of line 20 Related to Security – Soft Costs	\$0.00							
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00							
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00							
Signature	of Executive Director Date	Signature of Public F	lousing Director	Date					

PHA Name: Lexington Housing Authority Grant Type and Capital Fund Pro Replacement Ho			ogram Gran		050109 CFFP	Federal FFY of C	Grant: 2010		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN04000001	Operations		1406	1	\$30,000.00				
TN04000001	Agency Plan		1430	1	\$5,000.00				
TN04000001	A/E Fees		1430	1	\$22,000.00				
TN04000001	Site Improvements		1450	1	\$10,000.00				
TN04000001	Bathroom Renovati	ons	1460	1	\$15,000.00				
TN04000001	Building Exterior		1460	1	\$5,000.00				
TN04000001	Carpentry		1460	1	\$2,000.00				
TN04000001	Doors		1460	1	\$15,000.00				
TN04000001	Electrical		1460	1	\$5,000.00				
TN04000001	Finishes		1460	1	\$15,000.00				
TN04000001	Handicap Accessibi	ility	1460	1	\$2,000.00				
TN04000001	Kitchen Renovation	S	1460	1	\$30,000.00				
TN04000001	Mechanical		1460	1	\$2,000.00				
TN04000001	Windows		1460	1	\$12,000.00				
TN04000001	Dwelling Equipmen	t	1465.1	1	\$5,000.00				
TN04000001	Non-dwelling Equip	ment	1475	1	\$10,000.00				
TN04000001	Site Acquisition		1440	1	\$10,000.00				
TN04000001	Non -dwelling Struc	ctures	1470	1	\$5,000.00				
<u> </u>									

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

PHA Name: Lexington H	Housing Authority				Federal FY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund O (Quarter En	obligated ding Date)	All Funds (Quarter Er	Expended ading Date)	Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date		
TN04000001	6/30/12		6/30/14			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annu	al Statement/Perf	ormance and Evaluation Repor	t			
		and Capital Fund Program Re		g Factor (CFP/C	FPRHF)	
-	: Summary	• up	F	g - wood (0 - 1 / c	, = = ====)	
PHA Na		Grant Type and Number	50400 Danisaamantila	union Fantas Creat No.	FFY of Gra	
Lexingto	on Housing Authority	Capital Fund Program Grant No: TN43P040 Date of CFFP:	S0109 Replacement Hol	using Factor Grant No:	FFY Of Gra	ant Approval:
	nal Annual Statement rmance and Evaluation F	Reserve for Disasters/ Emergencies Report for Period Ending:)	
Line	Summary by Developm		Total Estima		Total Act	ual Cost ¹
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds		\$0.00	\$0.00		
2	1406 Operations (may n	ot exceed 20% of line 21) 3	\$30,000.00	\$51,436.00		
3	1408 Management Impro	ovements	\$0.00	\$0.00		
4	1410 Administration (may not exceed 10% of line 21)		\$0.00	\$0.00		
5	1411 Audit		\$0.00	\$0.00		
6	1415 Liquidated Damage	es	\$0.00	\$0.00		
7	1430 Fees and Costs		\$27,000.00	\$27,000.00		
8	1440 Site Acquisition		\$0.00	\$0.00		
9	1450 Site Improvement		\$10,000.00	\$10,000.00		
10	1460 Dwelling Structures	S	\$103,000.00	\$103,000.00		
11	1465.1 Dwelling Equipm	ent—Nonexpendable	\$5,000.00	\$5,000.00		
12	1470 Non-dwelling Struc	tures	\$0.00	\$0.00		
13	1475 Non-dwelling Equip	oment	\$0.00	\$0.00		
14	1485 Demolition		\$0.00	\$0.00		
15	1492 Moving to Work De	emonstration	\$0.00	\$0.00		
16	1495.1 Relocation Costs	3	\$0.00	\$0.00		
17	1499 Development Activ	rities ⁴	\$0.00	\$0.00		

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report								
Capita	al Fund Program and Capital Fun	d Program Repl	lacement Housii	ng Factor (CFP/C	CFPRHF)			
Part I	: Summary	_						
PHA Nar		er Grant No: TN43P04050 ° Factor Grant No:	109	2009	Federal FY of Grant: 2009 FFY OF Grant Approval:			
	al Annual Statement Reserve for Disastrance and Evaluation Report for Period Ending		⊠Revised Annual Stat ⊒Final Performance a	ement (revision no: 1 nd Evaluation Report)			
Line	Summary by Development Account		Total Estim	ated Cost	Total Act	Total Actual Cost ¹		
			Original	Revised ²	Obligated	Expended		
18a	1501 Collaterization or Debt Service paid by the P	AH	\$0.00	\$0.00				
18b	9000 Collaterization or Debt Service paid Via Syst	tem of Direct Payment	\$0.00	\$0.00				
19	1502 Contingency (may not exceed 8% of line 20)		\$0.00	\$0.00				
20	Amount of Annual Grant: (sum of lines 2 – 19)		\$175,000.00	\$196,436.00				
21	Amount of line 20 Related to LBP Activities		\$0.00	\$0.00				
22	Amount of line 20 Related to Section 504 Activities	S	\$0.00	\$0.00				
23	Amount of line 20 Related to S]ecurity - Soft Cost	S	\$0.00	\$0.00				
24	Amount of Line 20 Related to Security - Hard Cos	sts	\$0.00	\$0.00				
25	Amount of line 20 Related to Energy Conservation	\$0.00	\$0.00					
Signature of Executive Director Date			Signature of Public H	lousing Director	Date			

Replacement Ho			gram Gran		1050109 CFFP	Federal FFY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories				Total Estin	nated Cost	Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Operations		1406	1	\$30,000.00	\$51,436.00			
PHA-Wide	Agency Plan		1410	1	\$5,000.00	\$5,000.00			
PHA-Wide	A/E Design Fee	e	1430	1	\$22,000.00	\$22,000.00			
TN040-001	Site Improveme	ents	1430	1	\$10,000.00	\$10,000.00			
TN040-001	Bathroom Rend		1460	1	\$15,000.00	\$15,000.00			
TN040-001	Building Exterio	or	1460	1	\$5,000.00	\$5,000.00			
TN040-001	Carpentry		1460	1	\$2,000.00	\$2,000.00			
TN040-001	Doors		1460	1	\$15,000.00	\$15,000.00			
TN040-001	Electrical		1460	1	\$5,000.00	\$5,000.00			
TN040-001	Finishes		1460	1	\$15,000.00	\$15,000.00			
TN040-001	Handicap Acce	essibility	1460	1	\$2,000.00	\$2,000.00			
TN040-001	Kitchen Renova		1460	1	\$30,000.00	\$30,000.00			
TN040-001	Mechanical		1460	1	\$2,000.00	\$2,000.00			
TN040-001	Windows		1460	1	\$12,000.00	\$12,000.00			
TN040-001	Dwelling Equip	ment	1465. 1	1	\$5,000.00	\$5,000.00			

U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

PHA Name: Lexington H	lousing Authority	Federal FY of Grant: 2009			
Development Number Name/PHA-Wide Activities	All Fund C (Quarter En	Obligated ding Date)	All Funds (Quarter En	Expended ding Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-Wide	9/14/11		9/14/13		
TN040-001	9/14/11		9/14/13		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part I: Summary PHA Name: Lexington Housing Authority Grant Type and Number** Federal FY Capital Fund Program Grant No: TN43S04050109 of Grant: Replacement Housing Factor Grant No: **2009 ARRA** Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1) Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report Line **Summary by Development Account Total Estimated Cost Total Actual Cost** No. **Original Obligated** Revised Expended Total non-CFP Funds \$0.00 1406 Operations \$0.00 1408 Management Improvements 3 \$333.00 1410 Administration \$0.00 5 1411 Audit \$0.00 6 1415 Liquidated Damages \$0.00 \$39,321.00 1430 Fees and Costs 1440 Site Acquisition 8 \$0.00 1450 Site Improvement \$0.00 9 \$204,198.00 1460 Dwelling Structures 10 1465 Dwelling Equipment—Nonexpendable 11 \$0.00 1470 Nondwelling Structures \$0.00 12 1475 Nondwelling Equipment 13 \$0.00 1485 Demolition \$0.00 14 15 1492 Moving to Work Demonstration \$0.00 1495.1 Relocation Costs \$5,600.00 16 1499 Development Activities 17 \$0.00

U.S. Department of Housing and Urban Development
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Expires 4/30/2011

Annua	al Statement/Performance and Evaluation	Report				
Capita	al Fund Program and Capital Fund Progra	am Replacement H	ousing Factor	(CFP/CFPRH	(F)	
Part I	: Summary	_				
PHA Nam	ne: Lexington Housing Authority	Grant Type and Number Capital Fund Program Grant Replacement Housing Factor		09	Federal FY of Grant: 2009 ARRA	
		ve for Disasters/ Emergencies		d Annual Statement (re		
	mance and Evaluation Report for Period Ending:		Final P	erformance and Evalu	ation Report	
Line No.	Summary by Development Account	Total Estima	nted Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended	
18a	1501 Collaterization or Debt Service	\$0.00				
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	\$0.00				
19	1502 Contingency	\$0.00				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$249,452.00				
21	Amount of line 20 Related to LBP Activities	\$0.00				
22	Amount of line 20 Related to Section 504 compliance	\$0.00				
23	Amount of line 20 Related to Security – Soft Costs	\$0.00				
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00				
25	Amount of line 20 Related to Energy Conservation Measures					
Signature	e of Executive Director Date	Signature of Public H	lousing Director	Date		

Lexington Housing Authority Capital Fund P Replacement H		Grant Type and Capital Fund Pro Replacement Ho	ogram Grai		050109 CFFP (Federal FFY of C	Grant: ARRA 2009			
Development Number Name/HA-Wide Activities	Number General Description of Major e/HA-Wide Work Categories				Work Categories Acct Quantity Total Estimated Co		nated Cost	Total Ac	tual Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA-Wide	Advertising		1410	1 LS	333.00					
PHA-Wide	A/E Design		1430	1 LS	15,315.00					
PHA-Wide	A/E Inspection		1430	1 LS	10,006.00					
PHA-Wide	A/E Management	Fee	1430	1 LS	12,000.00					
PHA-Wide	Physical Needs A	ssessment	1430	1 LS	2,000.00					
PHA-Wide	Relocation		1495	1 LS	5,600.00					
TN040-001	Overlay plaster ce gypsum board	eilings with	1460	13,100 SF	45,193.00					
TN040-001	Replace base cab	pinets	1460	109 LF	4,521.00					
TN040-001	Replace wall cabi	nets	1460	177 LF	6,100.00					
TN040-001	Replace counterto	ops	1460	114 LF	1,966.00					
TN040-001	Install new kitcher drains and supplied		1460	14 DU	4,347.00					
TN040-001	Install new washir connections and b		1460	14 DU	4,830.00					
TN040-001	Install new water and flange	closet, supplies	1460	14 DU	2,898.00					
TN040-001	Install new vanity		1460	14 DU	2,898.00					
TN040-001	Install new bathro and supplies	om faucet, drains	1460	14 DU	2,415.00					
TN040-001	Install new bathro with waste and ov		1460	14 DU	5,796.00					
TN040-001	Install new tub line		1460	14 DU	11,592.00					
TN040-001	Install new tub an	d shower valve	1460	14 DU	2,415.00					
TN040-001	Install new ceram base	ic tile floor and	1460	14 DU	3,381.00					
TN040-001	Install new medici	ine cabinet	1460	14 DU	1,449.00					

PHA Name: Grant Type and						Federal FFY of Grant: ARRA 2009			
Lexington Housin	g Authority	Capital Fund Pro			4050109 CFFP	(Yes/No):			
	Replacement I								T
Development Number Name/HA-Wide Activities	General Descri Work Cat		Dev. Acct No.	Quantity	Total Estir	Total Estimated Cost		tual Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN040-001	Install new bath ac	cessories	1460	14 DU	1,449.00				
TN040-001	Remove existing a vinyl composition t		1460	14,555 SF	30,129.00				
TN040-001	Install new rubber		1460	7,084 LF	9,775.00				
TN040-001	Prep and paint all previously painted		1460	56,668 SF	39,101.00				
TN040-001	Install new insulate doors, frames and	ed hollow metal	1460	28 EA	11,592.00				
TN040-001	Replace selected i hardware	nterior doors and	1460	30 EA	4,140.00				
TN040-001	Install new security	screen doors	1460	28 EA	5,796.00				
TN040-001	Install new dryer co	onnections	1460	14 EA	2,415.00				
					_				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: Lexington H	Federal FY of Grant: ARRA 2009					
Development Number Name/PHA-Wide Activities	All Fund C (Quarter En		All Funds (Quarter Er		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Obligation End Date	Actual Obligation End Date		
PHA-Wide	03/18/10		03/18/12			
TN040-001	03/18/10		03/18/12			

Act of 1937, as amended.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

16

17

1495.1 Relocation Costs

1499 Development Activities

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

\$0.00

\$0.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part I: Summary PHA Name: Lexington Housing Authority Grant Type and Number** Federal FY Capital Fund Program Grant No: TN43P04050108 of Grant: Replacement Housing Factor Grant No: 2008 Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1) Performance and Evaluation Report for Period Ending: **⊠**Final Performance and Evaluation Report **Summary by Development Account Total Estimated Cost Total Actual Cost** No. **Obligated Original** Revised **Expended** Total non-CFP Funds \$0.00 \$0.00 \$30,000.00 \$30,000.00 2 1406 Operations \$30,000.00 \$30,000.00 3 1408 Management Improvements \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 4 1410 Administration \$0.00 \$0.00 \$0.00 5 \$0.00 1411 Audit \$0.00 \$0.00 \$0.00 \$0.00 6 1415 Liquidated Damages \$0.00 \$0.00 \$0.00 1430 Fees and Costs \$27,000.00 \$26,991.00 \$26,991.00 \$26,991.00 \$0.00 8 1440 Site Acquisition \$0.00 \$0.00 \$0.00 1450 Site Improvement \$0.00 \$0.00 \$0.00 \$0.00 1460 Dwelling Structures \$140,071,00 10 \$140.080.00 \$140,080.00 \$140,080.00 11 1465 Dwelling Equipment—Nonexpendable \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 12 1470 Nondwelling Structures \$0.00 \$0.00 \$0.00 13 1475 Nondwelling Equipment \$0.00 \$0.00 \$0.00 \$0.00 1485 Demolition \$0.00 14 \$0.00 \$0.00 \$0.00 15 1492 Moving to Work Demonstration \$0.00 \$0.00 \$0.00 \$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annua	Annual Statement/Performance and Evaluation Report									
Capita	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
_	: Summary	•	J		,					
PHA Nan	ne: Lexington Housing Authority	Grant Type and Number Capital Fund Program Gran Replacement Housing Factor		3	Federal FY of Grant: 2008					
_	al Annual Statement mance and Evaluation Report for Period Ending:	rve for Disasters/ Emergencies		Annual Statement (revisited formance and Evaluation in the Evaluat	-					
Line No.	Summary by Development Account	Total Estima		Total Actu	-					
		Original	Revised	Obligated	Expended					
18a	1501 Collaterization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00					
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00					
19	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00					
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$197,071.00	\$197,071.00	\$197,071.00	\$197,071.00					
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00					
22	Amount of line 20 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00					
23	Amount of line 20 Related to Security – Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00					
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00					
25	Amount of line 20 Related to Energy Conservation Measures	\$140,071.00	\$140,080.00	\$140,080.00	\$140,080.00					
Signatur	e of Executive Director Date	Signature of Public F	lousing Director	Date						

Grant Type and Number

Federal FFY of Grant: 2008

Lexington Housing Authority Grant Type and Capital Fund Pro Replacement Ho		ogram Gran		050108 CFFP	(Yes/No): No	Federal FFY of Grant: 2008			
Development Number Name/HA-Wide Activities	Development Number General Description of Major Worl Name/HA-Wide Categories		Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Act	tual Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Transfer to Operatio	ns	1406	1	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	Completed
PHA-Wide	Agency Plan		1430	1	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	Completed
PHA-Wide	A/E Design		1430	1	\$22,000.00	\$21,991.00	\$21,991.00	\$21,999.00	Completed
TN04000001	Heating & Air Condit	ioning	1460	1	\$140,071.00	\$140,080.00	\$140,080.00	\$140,080.00	Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

PHA Name: Lexington F	Federal FY of Grant: 2008					
Development Number Name/PHA-Wide Activities	All Fund C (Quarter En		All Funds (Quarter En		Reasons for Revised Target Dates ¹	
	Original Obligation End Date	Actual Obligation End Date	Original Obligation End Date	Actual Obligation End Date		
PHA-Wide	06/30/10	12/31/08	06/30/12	03/31/09		
TN040-001	06/30/10	12/31/08	06/30/12	03/31/09		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended. Act of 1937, as amended.

U.S. Department of Housing and Urban Development OFFICE OF PUBLIC AND INDIAN HOUSING Expires 4/30/2011

PAR	T I: SUMMARY						
	PHA Name/Number		Locality (City/Co		☑Original 5-Year Plan ☐Revision No:		
Lexi	ngton Housing Authority	/ TN040	Lexington / Henders	on Co., Tennessee			
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	tatement for Year 2 Work Statement for Year 3 Work Statement for Year 4		Work Statement for Year 5 FFY 2014	
B.	Physical Improvements Subtotal	Annual Statement	\$135,000.00	\$135,000.00	\$135,000.00	\$135,000.00	
C.	Management Improvements						
D.	PHA-Wide Non-dwelling Structures and Equipment		\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00	
E.	ADMINISTRATION						
F.	Other						
G.	Operations		\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00	
Н.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00	
M.	Grand Total		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	

PAF	PART I: SUMMARY (CONTINUATION)								
	PHA Name/Number Lexington Housing Authority / TN040			County & State)	⊠Original 5-Year Plan [Revision No:			
Α.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014			
		Annual Statement							
	TN04000001		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00			

Part II: Sup	porting Pages – Phys	sical Needs Work Stater	ment(s)				
Work Statement for	,	Work Statement for Year 2011 FFY 2011	1	Work Statement for Year: 2012 FFY 2012			
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	
SEE							
Annual	TN04000001:			TN04000001:			
Statement	Site Improvements	1 LS	\$20,000.00	Site Improvements	1 LS	\$20,000.00	
	Bathroom Renovations	1 LS	\$1,000.00	Bathroom Renovations	1 LS	\$1,000.00	
	Building Exterior	1 LS	\$5,000.00	Building Exterior	1 LS	\$5,000.00	
	Carpentry	1 LS	\$2,000.00	Carpentry	1 LS	\$2,000.00	
	Doors	1 LS	\$20,000.00	Doors	1 LS	\$20,000.00	
	Electrical	1 LS	\$1,000.00	Electrical	1 LS	\$1,000.00	
	Finishes	1 LS	\$9,000.00	Finishes	1 LS	\$9,000.00	
	Handicap Accessibility	1 LS	\$1,000.00	Handicap Accessibility	1 LS	\$1,000.00	
	Kitchen Renovations	1 LS	\$30,000.00	Kitchen Renovations	1 LS	\$30,000.0	
	Mechanical	1 LS	\$1,000.00	Mechanical	1 LS	\$1,000.0	
	Windows	1 LS	\$40,000.00	Windows	1 LS	\$40,000.00	
	Dwelling Equipment	1 LS	\$5,000.00	Dwelling Equipment	1 LS	\$5,000.00	
	Non-dwelling Structures	1 LS	\$15,000.00	Non-dwelling Structures	1 LS	\$15,000.00	
		Subtotal of Estimated Cost	\$150,000.00		Subtotal of Estimated Cost	\$150,000.0	

Part II: Sup	porting Pages – Physic	cal Needs Work Statem	ent(s)				
Work	W	ork Statement for Year 2013		Work Statement for Year: 2014			
Statement for		FFY 2013			FFY 2014		
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	
Statement	TN04000001:			TN04000001:			
	Site Improvements	1 LS	\$20,000.00	Site Improvements	1 LS	\$20,000.00	
	Bathroom Renovations	1 LS	\$1,000.00	Bathroom Renovations	1 LS	\$1,000.00	
	Building Exterior	1 LS	\$5,000.00	Building Exterior	1 LS	\$5,000.00	
	Carpentry	1 LS	\$2,000.00	Carpentry	1 LS	\$2,000.00	
	Doors	1 LS	\$20,000.00	Doors	1 LS	\$20,000.00	
	Electrical	1 LS	\$1,000.00	Electrical	1 LS	\$1,000.00	
	Finishes	1 LS	\$9,000.00	Finishes	1 LS	\$9,000.00	
	Handicap Accessibility	1 LS	\$1,000.00	Handicap Accessibility	1 LS	\$1,000.00	
	Kitchen Renovations	1 LS	\$30,000.00	Kitchen Renovations	1 LS	\$30,000.00	
	Mechanical	1 LS	\$1,000.00	Mechanical	1 LS	\$1,000.00	
	Windows	1 LS	\$40,000.00	Windows	1 LS	\$40,000.00	
	Dwelling Equipment	1 LS	\$5,000.00	Dwelling Equipment	1 LS	\$5,000.00	
	Non-dwelling Structures	1 LS	\$15,000.00	Non-dwelling Structures	1 LS	\$15,000.00	
	Subtot	al of Estimated Cost	\$150,000.00	Subtota	al of Estimated Cost	\$150,000.00	

Part III: Suj	Part III: Supporting Pages – Management Needs Work Statement(s)							
Work	Work Statement for Year 201	11	Work Statement for Year: 2012					
Statement for	FFY 2011		FFY 2012					
Year 1 FFY	Development Number/Name Estimated Cost		Development Number/Name	Estimated Cost				
2010	General Description of Major Work Categories		General Description of Major Work Categories					
SEE	TN073000001:		TN073000001:					
Annual	Operations	\$40,000.00	Operations	\$40,000.00				
Statement	Non-dwelling Equipment	\$10,000.00	Non-dwelling Equipment	\$10,000.00				
	Subtotal of Estimated Cost	\$50,000.00	Subtotal of Estimated Cost	\$50,000.00				

Part III: Su	Part III: Supporting Pages – Management Needs Work Statement(s)							
Work	Work Statement for Year 201	13	Work Statement for Year: 2014					
Statement for Year 1 FFY	FFY 2013 Development Number/Name	Estimated Cost	FFY 2014 Development Number/Name	Estimated Cost				
2010	General Description of Major Work Categories		General Description of Major Work Categories					
SEE	TN073000001:		TN073000001:					
Annual	Operations	\$40,000.00	Operations	\$40,000.00				
Statement	Non-dwelling Equipment	\$10,000.00	Non-dwelling Equipment	\$10,000.00				
	Subtotal of Estimated Cost	\$50,000.00	Subtotal of Estimated Cost	\$50,000.00				